

REMARKS/ARGUMENTS

Claims 24-46 are pending. Claims 1-23 have been cancelled. New claims 24-46 have been added. No new matter has been added.

Claims 1-2, 6-9, 11-12, 14-16, 18-19, 21-23 are rejected under 35 U.S.C. § 102(e) as being anticipated by Lewis et al., U.S. Patent Application Publication No. 2001/0041992.

Claims 3-5, 10, 13, 17, and 20 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Lewis et al., U.S. Patent Application Publication No. 2001/0041992, and further in view of Vining et al., U.S. Patent No. 6,819,785.

An interview was conducted with Examiner Pass and Examiner Thomas, for which the undersigned wishes to express his appreciation. An understanding of the prior art in relation to the rejection of claims was reached. Examiner Thomas explained that a more clearer recitation of the originally recited “standardized types of reports” would be beneficial, although specific claim language was discussed. The claims have been amended accordingly.

In particular, the originally filed claims have been cancelled without prejudice or disclaimer in favor of appended replacement claims 24-46. Substantively, the appended claims are similar to the original claims. No new matter has been added.

Independent claim 24 recites in part “presenting a list of reports ... [each report] associated with a plurality of organs and containing medical descriptions of the associated organs” and then “presenting an organ list of associated organs corresponding to the selected report.”

Lewis in Fig. 4A shows presenting an anatomic model allowing the user can drill down to a particular anatomical structure. *Paragraph [0059]*. The Lewis anatomic model, as the name implies, is associated with specific organs and anatomical structures.” Fig. 4A of Lewis, therefore, does not show the recited “presenting a list of reports ... [each report] associated with a plurality of organs and containing medical descriptions of the associated organs.”

Lewis further discloses in paragraph [0059] that when a user selects an element from the anatomic model (e.g., musculoskeleton subsystem), the user is presented with anatomical structures associated with that selected subsystem. Lewis does not show the recited

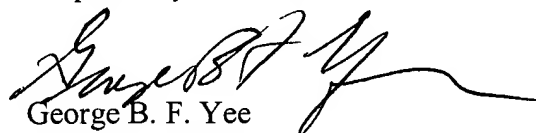
“presenting an organ list of associated organs corresponding to the selected report.” Quite the contrary, Lewis disclose in step 208 (Fig. 5A) and paragraph [0083] that “once the user drills down to and selects the anatomic structure desired using the anatomic drill-down subroutine in block 208, ... the user [can] drill down to and select the CPT codes identifying the healthcare services the user wishes to order through a series of menus.” Therefore, Lewis clearly recites selecting an organ before any kind of information (e.g., CPT codes) is presented. As a side note, it is observed that a CPT code is simply a code for ordering healthcare services and does not constitute the recited report “associated with a plurality of organs and containing medical descriptions of the associated organs.”

Claim 24 further recites in part “for each associated organ [of the selected report] presenting a list of applicable medical descriptions.” To the extend that Lewis’ choosing a CPT code (or even an IDC9 code) corresponds to the recited selection of a report, Lewis teaches choosing the code only after the user has drilled down to the specific anatomical structure. *Paragraph [0083]*. Lewis does not teach “for each associated organ [of the selected report] presenting a list of applicable medical descriptions.”

Independent claims 37 and 44 recite similar limitations recited in claim 24. Therefore, Lewis fails to show the recited limitations of claims 37 and 44 as discussed above.

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

Respectfully submitted,


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